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	PHYSICIANS' ORDERS
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
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Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Third Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Second Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: 1-lampton Randell 220120	DIAGNOSIS Tylenol 650mg po tid x3d NO Dr Siddig And Tylel PR
D.O.B. 10/15/83 ALLERGIES: Next	Mondo un 7/12/60
Use First Date 7/17/00	GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS NAME: DIAGNOSIS (If Chg'd) D.O.B. **ALLERGIES**: Use Last Date GENERIC SUBSTITUTION IS NOT PERMITTED NAME: DIAGNOSIS (If Chg'd) D.O.B. ALLERGIES: Use Fourth Date ☐ GENERIC SUBSTITUTION IS NOT PERMITTED NAME: Hampton, Randall DIAGNOSIS (If Chg'd) 226420 Notrin 800m Pa Tidx Tola D.O.B. 1,0/15/83 ALLERGIES: Haldol 22 6420 Date 7/11/06 Use Third GENERIC SUBSTITUTION IS NOT PERMITTED ALLERGIES Use Second GENERIC SUBSTITUTION IS NOT PERM **DIAGNOSIS** D.O.B. **ALLERGIES:** Use First GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY

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NAME: Hampton, Randale	
D.O.B./01/5783 ALLERGIES: //	2 tablets of peroquintid
14 1 10 / 3/21/06 Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hangton, Frendell 226 920	DIAGNOSIS (If Chg'd)
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Use Third Date 3120 06	GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 10 115 183 ALLERGIES: faldo)	DIAGNOSIS (If Chg'd) Pheno harbifol bon, Po Blox 180 days Tanotol 100 my Chew Tabs-chew 3 tobs BOT 1 Darkon RO DITISIONICA 1 Paralle 2 03/11/16-1900
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Use First Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
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NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Third Date / /	
NAME: Hunton	☐ GENERIC SUBSTITUTION IS NOT PERMITTED DIAGNOSIS (If Chg'd)
D.O.B. 10/15/ 82 1000 ALLEHGIES:	Physiotal Cent
Use Second Date/2/10/0	GENERIC SUBSTITUTION IS NOT PERMITTED
VAME: V	PAGNOSIS D'Une Boil D'Advil 800 ra POTIL x 10d PR
0.0.B. 101511583 LLERGIES: Holder	Bothin DS - tob P.O. Bid x 10d
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ADMISSION DATE TIME ORIGINATING FACILITY SIR PDL ESCA	DCCT DBTCK CALL DEMERGENCY DOUTPATIENT
ALLERGIES NUA	CONDITION ON ADMISSION GOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 98,6 ORAL RESP. 1	PULSE 74 B/P 100 80 RECHECK IF / <100> 50
NATURE OF INJURY OR ILLNESS	ARRASION // CONTUSION # BURN XX FRACTURE Z LACERATION /
S-1(C) leg locked up and fell trying to get up off of Stool fell on (C) Shoulder. O-AA+CK3. Resp c ease	SUTURES SUTURES
A-Alt confort R/T CK PHYSICAL EXAMINATION P-See MD	PROFILE RIGHT OR LEFT RIGHT OR LEFT
	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
	BULGIV JOHN X 3 dy g
Alt Comfort R/T Pair	(12) Shoulder
INSTRUCTIONS TO PATIENT PO	
DISCHARGE DATE TIME RELEASE / TRANSFERRE	D TO DOC CONDITION ON DISCHARGE DAMBULANCE SATISFACTORY POOR DEFAIR CRITICAL
NURSPIS SIGNATURE DATE PHYSICIANS SIGNATURE	
INMATE NAME (LAST, PIAST, MIDDLE)	DOC# DOB R/S FAC.
Hampton, Randell	22000 10/15/83 B/M BCCF



ADMISSION DATE 6 /2 7 06 455 TIME ORIGINATING FACILITY SIR OPDL OESCA		☐ SICK CALL ☐ EMERGENCY
6 /27 06 43) AND USIR UPDL UESCA		OUTPATIENT
ALLERGIES NEA-	CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR	□SHOCK □HEMORRHAGE □COMA
VITAL SIGNS: TEMP 98 SPAC RECTAL RESP 2	O PULSE 86	B/P //6 / 9 0 RECHECK IF SYSTOLIC / <100>50
NATURE OF INJURY OR ILLNESS		
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To Weakness to lower extremities	ORDERS / MEDICATIONS / IV FLUI	
1	A- advised to	à lie down
A- Meakness	and Nelof , Se	e MD
	if problems	Cont.
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	in Hou per	protocal
PMONOGO	V	/
DIAGNOSIS	•	
INSTRUCTIONS TO PATIENT Observe in Houll for 2"		
DISCHARGE DATE TIME TIME TRANSFERRI	ED TO EDOC CON	IDITION ON DISCHARGE
6/27/06 0500pm Hga		
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	DATE CON	NSULTATION
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB R/S FAC.
the all Prince	2-	Bla
Hompton, Rondole	226420 10	0-15-83 10/m Bullank



ADMISSION DATE TIME ORIGINATING FACILITY	
ALLERGIES MKDA	CONDITION ON ADMISSION GOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 986 ORAL RESP. 18	PULSE 72 B/F/20174 RECHECK IF SYSTOLIC / <100>50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION /SUTURES
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abservation	
DIAGNOSIS // / /	1. 1
INSTRUCTIONS TO PATIENT TO PATIENT TO PATIENT	ague arting
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6/10/06 1250	☐ AMBULANCE ☐ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	DATE CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
Hampton Kundall	22642010-15-83 K/m



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ADMISSION DATE TIME ORIGINATING FACILITY OUTPATIENT SICK CALL GENERGENCY GOUTPATIENT						
ALLERGIES NKA	CONDITION ON ADMISSION					
VITAL SIGNS: TEMP 99 ORAL RESP. 18	PULSE 68 B/P 2068 RECHECK IF SYSTOLIC / <100>50					
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX					
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A Albrahn is Congrt P. Ichland (050 & prin') PHYSICAL EXAMINATION	PROFILE RIGHT OR LEFT RIGHT OR LEFT					
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6 /20 /06 /0:28 \	☐ AMBULANCE ☐ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL					
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE 6/28/67	DATE CONSULTATION					
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC					
Homaton Rondall	226420 D/15/83 Blu BOG					



ADMISSION DATE TIME ORIGINATING FACILITY AM SIR PDL ESCA	pee C	Y		
5 / 4 /06 0540 PM USH UPDE DESCRIPTION	ESCAPEE LI OUTPATIENT			
ALLERGIES NKOA	CONDITION ON ADMISSION GOOD FAIR POOR SHOCK HEMORRHAGE CO	OMA		
VITAL SIGNS: TEMP 78 ORAL RESP. 18	PULSE 6 4 B/P/22 / 80 RECHECK IF SYSTOLIC			
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION XX			
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NURSE'S SIGNATURE DATE PAYSICIAN'S SIGNATUR	TA			
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S	FAC.		
61 1 ()	10/16/10 0 2	CF		
1 Vanture 4	226420 11/83 BA BC	CC		



ADMISSION DATE TIME ORIGINATING FACILITY 3 /13 /06 1520 PM SIR DPDL DESCRIPTION	APEE O OUTPATIENT
ALLERGIES	CONDITION ON ADMISSION DEGOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP ORAL RESP.	PULSE B/P / RECHECK IF SYSTOLIC / <100>50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX
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O. PERRUA, Specit underSTANDANL CX CLEAR, Skin Turgor good - hap 3 edema. 3 LACEAPTIONS, Braising, Cats, etc HEAD, FACE, BACK, CX	
5 edema. 5 LACEAPTIONS, Bruising	
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DISCHARGE DATE TIME RELEASE / TRANSFERR 15 25 PM DISCHARGE DATE RELEASE / TRANSFERR	☐ AMBULANCE ☐ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL



Nursing Evaluation Tool:

General Sick Call

	acility: BBB Patient Name: Hampton Randal
1	To come the second seco
	Date of Report: 213100 Time Seen: 12^{30} AN I PM Circle One
bjectiv	re: Chief Complaint(s): Having Knut to D side of face Onset: Throat Dark Horfay
Brief Hist	on:
Confinue on	back if necessary)
	
Éxamin:	re: Vital Signs: (As Indicated) T: 978 P: 72 RR: 18 BIP: 140 1 90
4	
	☐ Check Here ¥ additional notes on
 <u>4</u> ssess	Check Here I additional makes on the control of the
Assess	ment: (Referral Status) Preliminary Determination(s): Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply)
<u>A</u> ssess	ment: (Referral Status) Preliminary Determination(s):
Assess	Referral Status) Preliminary Determination(s): Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint)
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	Referral Status) Preliminary Determination(s): Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other: Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsu appropriate care to be given. Check All That Apply: Instructions to return if condition (worsens.) Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding (what the as well as appropriate follow-up. O YES O NO (If NO then schedule patient for appropriate follow-up visits)
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Case 2:06-cv-00400-MHT-CSC Document 32-4 Filed 11/20/2006 Page 22 of 23 Facility Name: Month/Y∈ Bullock Correctional Facility Σπαπιης: **05/06** | 16 | 17 | 18 | 19 | 20 | 2 22 23 24 25 26 27 28 29 30 3 11 12 13 14 Tegretol 100MG Chew Tab 270.00 Take 3 chew tab(s) by mouth Three Times Daily Start Date: Prescriber: 03-20-2006 Siddig, Tahir Stop Date: 09-15-2006 RX #: 251309850 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 MMM/mmm M Thenebarbital leong p.o. Bid X180 day KYK-P3 05 9 P3 P3 M B5 P5 P5 P5 M M) Stop Date: 9-17-06 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Hour Start Date: Prescriber: Stop Date: RX #: Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Start Date: Prescriber: Stop Date: RX #: Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Start Date: Prescriber: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Hour Start Date: Prescriber: Stop Date: RX #: Diagnosis Nurse's Signature Initial Nurse's Signature Initial Documentation Codes 1 Discontinued Order 2. Refused Allergies 3. Patient out of facility 4 Charted in Error 5 Lock Down Housing Unit: RTU (MHM) 6. Self Administered Patient ID Number: 226420 7 Medication out of Stock Patient Name: 8 Medication Held 9 No Show Hampton, Randall Date of Birth: 10 Other